

YOUNG DOCENT PROGRAM APPLICATION FORM: Deadline May 13, 2010

(PLEASE PRINT)

LAST NAME FIRST MIDDLE

ADDRESS

CITY STATE ZIP

PHONE CELL EMAIL

AGE DATE OF BIRTH GRADE

SCHOOL

PARENT OR LEGAL GUARDIAN NAME

DAYTIME CONTACT NUMBER OF PARENT OR LEGAL GUARDIAN

HOW DID YOU HEAR ABOUT THIS PROGRAM?

(Circle One)

School Museum Notes Friend Drop In Website Library Job Fair

Mail this form along with your personal statement and your letter of recommendation to:

California African American Museum
Young Docent Program
Attention: Elise Woodson
600 State Drive, Exposition Park
Los Angeles, CA 90037

